DEBORAH A. GRIGGS
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Chula Vista, CA. 91915
619-482-0711

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CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY KWH DEPUTY

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

DEBORAH A. GRIGGS Plaintiff v. DONALD C. WINTER SEC DEPT OF NAVY	Civil No. '08 CV 0715 JLS POR REQUEST FOR APPOINTMENT OF COUNSEL UNDER THE CIVIL RIGHTS ACT OF 1964, 42 U.S.C. 2000e 5(f)(1); DECLARATION IN SUPPORT OF REQUEST

1. I, the plaintiff in the above-entitled employment discrimination action, request that the court appoint an attorney to represent me in this matter. In support of this request, I state as follows:

A. my claim is meritorious (that is, I have a good case), and

B. I have made a reasonably diligent effort to obtain counsel, and

C. I am unable to find an attorney willing to represent me on terms that I can afford.

2. A copy of the Notice-of-Right-to-Sue-Letter I received from the Equal Opportunity Commission is attached to the complaint which accompanies this request for counsel.

3. A. Does the Notice-of-Right-to-Sue-Letter show that the Commission found "no reasonable cause" to believe the allegations made in your charge were true?

____ Yes x No

cc

IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B AND C.

B. Do you question the correctness of the Commission's "no reasonable cause" determination?

_____ Yes _____ No

C. If you answered "yes" to question 3B, what are your reasons for questioning the Commission's determination? Be specific and support your objections with fact. Do not simply repeat the allegations made in your complaint; the court will review your complaint in considering this request for counsel.

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(Attach additional sheets as needed)

4. Have you talked with any attorney about handling your claim?

x Yes ______ No

If "YES," give the following information about each attorney with whom you talked:

Attorney: GRADY & ASSOCIATES

When: 3/1/08

Where: SAN DIEGO, CA

How (by telephone, in person, etc.): IN PERSON

Why attorney was not employed to handle your claim: UNABLE TO PAY FEE.

Attorney: DOC ANDERSON

When: 6/1/06

Where: SAN DIEGO, CA

How (by telephone, in person, etc.): TELEPHONE

Why attorney was not employed to handle your claim:
UNABLE TO PAY FEE.

Attorney: PARKER STANBURY INC. ATTY MANNY RIOS

When: 3/21/08

Where: LAS ANGELES, CA

How (by telephone, in person, etc.): TELEPHONE/FAX

Why attorney was not employed to handle your claim:
UNABLE TO PAY FEE

(Attach additional sheets as needed)

5. Explain any other efforts you have made to contact an attorney to handle your claim:

CONTACTED EEOC TO SEEK WAYS TO GET HELP GETTING REPRESENTATION TO HANDLE CLAIM.

6. Give any other information which supports your application for the court to appoint an attorney for you:

THE ONLY INCOME I RECEIVE SINCE THE CHALLENGE TO THE WRONGFUL TERMINATION IS THE PAYMENT FROM OWCP, CURRENTLY $1900.00 PER MONTH. CURRENT INCOME WILL NOT ALLOW ME TO EMPLOY AN ATTORNEY.

7. Give the name and address of each attorney who has represented you in the last 10 years for any purpose:

JOHN PITZE, EL CAJON, CALIFORNIA

(Attach additional sheets as needed)

8. I cannot afford to obtain a private attorney. The details of my financial situation are listed below:

A. Employment

Are you employed now? ____ yes _x_ no ____ am self-employed

Name and address of employer:

If employed, how much do you earn per month? ______________________

If not employed, give month and year of last employment: 10/05

How much did you earn per month in your last employment? $4,205.00

If married, is your spouse employed? ___ yes x no

If "YES," how much does your spouse earn per month? ______________________

If you are a minor under age 21, what is your parents' or guardians' approximate monthly income? ______________________

B. Assets

(i) Other Income

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity payments or other sources? _____ yes x no

If "YES," give the amount received and identify the sources:

$ Received	Source

(Attach additional sheets as necessary)

(ii) Debts and Monthly Bills

List all creditors, including banks, loan companies and charge accounts, etc.

Creditor	Total Debt	Monthly Payment
Rent: VICTOR GARCIA		$2,400.00
Mortgage on Home:		
Others: TOYOTA FINANCIAL SERVICES		600
TOYOTA FINANCIAL SERVICES	15000	385
TOYOTA FINANCIAL SERVICES	9500	383
MEDICAL/LIFE INSURANCE		442
FEDERAL TAX LIABILITY	18000	280

THESE DEBTS ARE OWED BUT PAYMENTS ARE BEING ONLY TO THE AMOUNT I CAN AFFORD EACH MONTH.

9. Signature

I declare under penalty of perjury that the above is true and correct.

Dated: 4-18-08

Deborah A Griggs

Signature

(Notarization is not required)